

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Early Care and Education
Milwaukee Early Care Administration

Child Care Provider Enrollment

When completing this form **PRINT** your responses **CLEARLY**. Submit a copy of your current child care license along with this form. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Child Care Facility Information

Name – Child Care Facility	Telephone Number – Child Care Facility
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Address – Child Care Facility (Street, City, State, Zip Code)

Mailing Address – Child Care Facility (If different than above.)
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Child Care Owner Information

Name – Child Care Owner	Social Security Number or Tax ID Number – Child Care Owner
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Birthdate – Child Care Owner	Telephone Number – Child Care Owner
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Child Care Contact Person Information (If different than owner.)

Name – Child Care Contact Person	Telephone Number – Child Care Contact Person
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☐ Yes ☐ No Do you limit your enrollment? If “Yes”, explain.

NOTE: Please be sure to attach a copy of your current typed fee schedule.

I understand that by signing this form, I acknowledge that the above information is accurate and that the fees charged to the families utilizing Wisconsin Shares are the same fees charged to private pay families.

SIGNATURE – Owner or Authorized Person

Date Signed